|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Information** | | | |
| First Name |  | Last Name |  |
| Address |  | City |  |
| State |  | Zip |  |
| Home number |  | Cell number |  |
| Work number |  | Email |  |

|  |  |
| --- | --- |
| **Veterinarian Information** | |
| Name | Phone Number |

**Background Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you have children living in your home? | | | YES or NO | | | |
|  | If yes, what are their ages? | | | | | |
| Have they been exposed to pets? | | | | | |
| Do you have pets now? | | | YES or NO | | | |
|  | If yes, by whom? | | | | | |
| Are your pets vaccinated? YES or NO | | | | | |
| If yes, by whom? | | | | | |
| Where do your pets live? | | | | | |
| Are your pets spayed / neutered? | | | YES or NO | | |
| If not, why not? | | | | | |
| If you own dogs, have they been tested for heartworms? | | | YES or NO | | | |
|  | Results? ( ) positive ( ) negative | | | | | |
| Are your animals on heartworm / flea prevention? | | | YES or NO | | | |
|  | Brand? | | | | | |
| Has each adult living in your home consented to adopting this animal? | | | | | | YES or NO |
| Where will your new pet stay? ( ) Indoors ( ) Outdoors ( ) Both | | | | | | |
| If outdoors, how will the pet be restrained? ( ) Fenced yard ( ) Invisible fence ( ) Lot ( ) Other | | | | | | |
| If you are adopting a cat, are you considering having the cat declawed? | | | | | ( ) Yes ( ) No ( ) Maybe | |
| Do you own or rent your home? ( ) Own ( ) Rent | | | | | | |
|  | If you rent, please provide land lord phone number for approval or proof of pet allowance. | | | | | |
|  | | | | | |
| Your type of residence: ( ) House ( ) Apartment ( )Townhouse ( ) Condo | | | | | | |
| Any other information you would like us to consider? | |  | | | | |
|
| References: | | | | | | |